

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/334,434

APPLICANT(S)

FILING DATE  
6/16/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10		1				
11		1				
12			1			
13						
14		1				
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47						
48						
49						
50						
TOTAL IND.	17					
TOTAL DEP.	11					
TOTAL CLAIMS	28					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						